

## **2018 Annual Report - Surgical Therapies Commission**

### **Chair**

Lara Jehi (USA)

### **Core Commission Attendees**

Guoming Luan (China)

Karl Rössler (Germany)

Bertil Rydenhaag (Sweden)

### **Management Committee Liaison**

Sam Wiebe (Canada)

### **Taskforce Chairs and Commission Members**

Dario Englot (USA)

Dan Friedman (USA)

Bill Gaillard (USA)

Nathalie Jetté (Canada)

Andrew McAvoy (UK)

Andre Palmieri (Brazil)

Felix Rosenow (Germany)

Stephan Schuele (USA)

Howard Weiner (USA)

The commission met in person at AES in December 2018 and reviewed progress made last year. Overall, it was felt that a re-structuring of the commission is necessary to catalyze a more efficient performance. The group decided on a re-organization of the commission around specific projects that would be conceived within the current task forces, but involve interested and committed members from across the commission. This will make tasks more specific and deliverables more reachable.

Each task force's progress was reviewed:

- Task Force on Resource-Poor Countries:
  - a) No projects have been initiated. Options for initiatives were discussed:
    1. Various forms of training of individuals from resource-poor regions. This may be achieved by developing a standardized set of educational materials, free access, and made available to physicians from regions where epilepsy education is needed but funding to travel to traditional courses and fellowships is scarce.
    2. Traditional training opportunities are available and used in isolated efforts now to build capacity in resource-poor countries. Identifying these opportunities and advertising them in a more systematic way may increase awareness and use. An inventory or listing of available funded "observer ships" or training fellowships could be developed and posted on the commission's website.

3. A publication on appropriate work-up of patients with different levels of epilepsy surgery case complexity was discussed. A team of interested individuals to write such a paper is needed. Coordination with a similar ongoing effort in the Pediatric Commission will be needed.
  4. It was noted that several of the above points align well with the Education Taskforce roles within the commission.
- b) Next steps:
1. Some task force members interested in pursuing these opportunities (mainly b and c) have initiated some online discussions. These discussions are encouraged to continue.
  2. Members (from this task force or other task forces within the ST Commission) interested in working on projects 2 or 3 should reach out directly to Lara Jehi. If enough interest exists, a serial zoom conference call will be organized to build further.
- Taskforce on outcomes:
    - a) Three projects were discussed:
      1. A web-based survey of epilepsy surgery centers to assess current “standard of care” in collection and reporting of outcome measures after epilepsy surgery. The goal is to characterize current practices, identify areas of alignment and discrepancy, and inform future practices regarding opportunities for improvement. This project is now just an idea. People interested in exploring it further can reach out to Lara.
      2. Development of a patient reported memory outcome measure. The MAC-S is a 49-item validated patient reported memory scale that has already been administered to >500 patients in context of formal neuro-psych testing. Robyn Busch and Kristina Malmgren are leading efforts to develop a shorter version. Centers interested in collaborating to validate a shorter version can reach out directly to Lara, Robyn, or Kristina. Related projects would include studying this in context of the Epilepsy Surgery Satisfaction Score.
      3. Propensity Score-based comparison of SEEG and SDE. An initial analysis was performed in Cleveland Clinic on 408 patients. Expanding cohort (and depth of variables collected) will increase impact, particularly that comparing two methods in context of a RCT, is unlikely. Centers interested in collaborating on this can reach out to Lara.
  - Task Force on Pediatric Surgery:
    - a) Development of a scale that assesses surgical outcomes beyond seizure freedom. Andre Palmini and Eliseu Paglioli have started with the Porto Alegre Seizure Impact Scale that includes objective and subjective questions. Next steps:
      - Review of the literature to evaluate existing scales of seizure outcome measurements
      - Follow-up conversations on PASIS development and validation
      - Contact person: Andre Palmini
    - b) A pediatric surgery meeting to be organized in parallel with the regional ILAE meeting in Latin America.
  - Taskforce on Education:
    - a) Development of epilepsy surgery education curriculum in coordination with the education commission. This was felt to be a critical effort to facilitate spread of

information across all ILAE constituencies. Various venues were explored, including online videos and standardized courses.

- Taskforce on Evidence Based Practice:
  - a) A systematic review of the three most common neuromodulation procedures for epilepsy: We will perform a systematic review of responsive neurostimulation (RNS), deep brain stimulation (DBS) of the anterior thalamic nucleus, and vagus nerve stimulation (VNS). To avoid redundancy with previous reviews on this topic, this systematic review will be focused in its scope and the goal will be to clarify the clinical situations in which the three therapies have been evaluated, and determine where the evidence gaps are. The review will be limited to randomized-controlled trials, plus only those long-term observations studies which followed the RCT patients after the blinded phase. While we know data is insufficient to directly compare one therapy to another, certain general statements can be made regarding the different scopes of the therapies, which may guide decision making in centers and countries where some or all of these therapies are available, and clarify needs for future studies.
  - b) Evaluating the incremental value of presurgical diagnostic tests. While this was initially planned as a systematic review, it was determined this would be redundant with comprehensive systematic reviews currently being reported by E-PILEPSY on these topics. It was discussed that, to make further progress in addressing these questions, data sharing between our centers will likely be valuable in the future, after the immediately planned projects are completed.

Lara Jehi  
Chair, Surgical Therapies Commission